

201

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\* 139

Place of Birth Hayden County Gila No.        St.         
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			

DATE OF BIRTH\* Sept 17 1923  
(Month) (Day) (Year)

FATHER  
FULL NAME DAVID P. KELLEY

MOTHER  
FULL MAIDEN NAME MARY SUSAN DRUMMOND

I HEREBY CERTIFY that the child described  
herein has been named

DAVID ABSOLOM KELLEY  
(Give name in full) (Surname)

Mary S Kelley  
(Parent's Signature)

HARRY C. LADWIG, M.D. (Gone)  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

428-917-444